



#### CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand filed with the United States Patent and Trademark Office in Washington, D.C. on December 14, 1999.

Sherri N. Shipe

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Nicolaas M.J. VERMEULIN et al.

Serial No.: 09/396,523

Filing Date: September 15, 1999

For: NOVEL POLYAMINE ANALOGUES

AS THERAPEUTIC AN DIAGNOSTIC

**AGENTS** 

Examiner: Unassigned

Group Art Unit: 1614

## TRANSMITTAL LETTER FOR MISSING PARTS OF APPLICATION

Box Missing Parts Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

In complete response to the Notice to File Missing Parts of Application Under 37 C.F.R. § 1.53(f) dated October 14, 1999, attached please find:

- A combined Declaration and Power of Attorney signed by the inventor and the surcharge of \$65.00 as set forth in 37 C.F.R. § 1.16(e).
- A Declaration of Small Entity Status.

## The filing fee has been calculated as follows:

| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NUMBER FILED                                                               | NUMBER EXTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RATE           | CALCULATIONS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 32 - 20 =                                                                  | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | x \$18.00      | [PAID]       |
| INDEPENDENT<br>CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 - 3 =                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | x \$78.00      | [PAID]       |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) + \$260.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | [PAID]       |
| Market and the second s | e manuestanium autorigas, tarip valvas pre- en de describe dient de dispos | ar North y y the second of the | BASIC FEE      | [PAID]       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | TOTAL OF ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CALCULATIONS = | \$0          |
| Reduction by 1/2 for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27, 1.28).  If applicable, verified statement must be attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$0            |              |
| SURCHARGE FOR FILING MISSING PARTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$65.00        |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | en e                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL =        | \$65.00      |

 $\blacksquare$  A check in the amount of \$65.00 is attached.

The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required by this transmittal and associated documents, or to credit any overpayment to **Deposit Account No. 03-1952**. A duplicate copy of this transmittal is enclosed for that purpose.

Respectfully submitted,

Dated: December 14, 1999

By:

Kawai Lau

Registration No. 44,461

Morrison & Foerster LLP

2000 Pennsylvania Avenue, N.W. Washington, D.C. 20006-1888

Telephone: (202) 887-6939 Facsimile: (202) 887-0763





## UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT                 | ATTORNEY DOCKET NO./TITLE |
|--------------------|---------------------|---------------------------------------|---------------------------|
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09/396,523

09/15/99

**VERMEULIN** 

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KATE H MURASHIGE MORRISON & FOERSTER LLP 2000 PENNSYLVANIA AVENUE NW SUITE 5500 WASHINGTON DC 20006-1888

NOT ASSIGNED

1614

DATE MAILED:

10/14/99

# NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

|     | for a small entity in compliance with 37 CFR 1.27, or 🗷 \$130.00 for a non-small entity; must also be timely submitted in to this NOTICE to avoid abandonment.                                                                                                                                                    | reply    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|     | If all required items on this form are flied within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☑ non-small entity is \$ _ /                                                                                                                                   |          |
|     | ☐ 1. The statutory basic filing fee is: ☐ missing. ☐ insufficient. Applicant must submit \$                                                                                                                                                                                                                       | <b>.</b> |
| . • | □ 2. The following additional claims fees are due:                                                                                                                                                                                                                                                                |          |
|     | \$fortotal claims over 20.                                                                                                                                                                                                                                                                                        |          |
|     | \$forindependent claims over 3.                                                                                                                                                                                                                                                                                   |          |
|     | \$for multiple dependent claim surcharge.  Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.                                                                                                                                                             |          |
|     | <ul> <li>The oath or declaration:</li> <li>Is missing or unsigned.</li> <li>does not cover the newly submitted items.</li> <li>An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application.</li> </ul>                                                | ion by   |
|     | the above Application Number and Filing Date is required.  4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1 1.43 or 1.47.  A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above | 1.42,    |
|     | Application Number and Filing Date, is required.                                                                                                                                                                                                                                                                  |          |
|     | ☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:                                                                                                                                                                                                                    |          |
|     | An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.                                                                                        |          |
|     | ☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)). ☐ 7. Your filing receipt was mailed in error because your check was returned without payment.                                                                                                           |          |
|     | 8. The application was filed in a language other than English.  Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).                                  |          |
|     | □ 9. OTHER:                                                                                                                                                                                                                                                                                                       |          |
|     | Direct the reply and any questions about this notice to "Attention: Box Missing Parts."                                                                                                                                                                                                                           |          |
|     | A conv of this notice MIIST he returned with the renly                                                                                                                                                                                                                                                            |          |
|     | Everett Williams                                                                                                                                                                                                                                                                                                  |          |
| ,   | Customer Service Center Initial Patent Examination Division (703) 308-1202                                                                                                                                                                                                                                        | 13/14/   |

FORM PTO-1533 (REV. 9/98)